



FVHS THEATRE PAYMENT/REIMBURSEMENT REQUEST

Please attach all receipts to this expense statement

Person Requesting Payment: _____ Phone#: _____

Remit Payment to:

Name: _____

Address: _____

List Expenditures (and budget line item numbers if known):

Line Item	Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	TOTAL EXPENSE	\$ _____

Select whether a check or student credit is requested

CHECK or STUDENT CREDIT Student's Name to Credit _____

Signature _____ Date _____

FOR FVHS THEATRE TREASURER USE:

Budget Line Item(s) _____

Check Number _____ Check Amount _____

Treasurer's Signature _____ Check Date _____

Approved/Ratified Meeting Date _____